

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HC		6-12-01
O.I.P.E. CLASSIFIER	W		6-22-01
FORMALITY REVIEW	A.T	1071	08/21/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	05/22/03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	05/22/03
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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61	✓
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99	✓
100	✓

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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